

# Personnel Questionnaire

(fields with a grey background are to be filled in by the employer)



COMPANY NAME:

## Information on the new employee

Personnel number:

|  |
|--|
|  |
|--|

Dieser Personalfragebogen dient zur Vorerfassung von Personaldaten für das DATEV-Lohnabrechnungsprogramm. Zur Wahrung der Aufbewahrungsfrist wird der ausgefüllte Personalfragebogen von dem Arbeitgeber / der lohnabrechnenden Stelle gespeichert.

### Personal data

|   |   |
|---|---|
| Surname, maiden name as applicable                                | Given name  |
| Street and house number (incl. additional information)            | Post code, city   |
| Date of birth   | Gender<br><input type="checkbox"/> male <input type="checkbox"/> diverse<br><input type="checkbox"/> female <input type="checkbox"/> undetermined |
| Insurance number (as per social security card)                    |   |
| Place, country of birth - <i>only if without insurance number</i> | Severely disabled<br><input type="checkbox"/> yes<br><input type="checkbox"/> no  |
| Nationality   | Employee number, pension fund - construction  |
| Bank account number (IBAN)  | Sort code/bank ID (BIC)   |

### Employment

|   |           |   |
|---|-----------|---|
| Date employment contract begins   | First day | Place of employment   |
| Description of profession   |           | Job performed   |
| Highest level of education<br><input type="checkbox"/> No school leaving certificate<br><input type="checkbox"/> Haupt-/Volksschulabschluss (completion of secondary education)<br><input type="checkbox"/> School leaving certificate or equivalent<br><input type="checkbox"/> Abitur/Fachabitur (equivalent of A levels in UK) |           | Highest level of professional training<br><input type="checkbox"/> No vocational training<br><input type="checkbox"/> Officially recognised vocational training<br><input type="checkbox"/> Master craftsman/technician/equivalent degree<br><input type="checkbox"/> Bachelor's degree<br><input type="checkbox"/> Diploma/graduate degree/master's degree/state examination certificate<br><input type="checkbox"/> PhD |

# Personnel Questionnaire

(fields with a grey background are to be filled in by the employer)



COMPANY NAME:

|   |                                  |
|---|----------------------------------|
| Date apprenticeship begins  | Planned date apprenticeship ends |
| Holiday entitlement (calendar year)   | Cost centre                      |
| Weekly/daily working hours <input type="checkbox"/> full time<br><input type="checkbox"/> part time | Department number                |
| Employed in construction industry since   | Person group                     |

## Electronical acceptance of certificates (Bea)

|   |
|---|
| <input type="checkbox"/> I object to my income statements (earned and additional) being forwarded electronically to the Bundesagentur für Arbeit (Federal Employment Office). |
|---|

## Terms of employment

|  |   |
|--|---|
| <input type="checkbox"/> The term of employment is fixed               | <input type="checkbox"/> Written conclusion of a fixed-term employment contract   |
| <input type="checkbox"/> The term of employment is fixed for a purpose | <input type="checkbox"/> Fixed-term employment is planned for at least two months, with prospects of further employment |
| Employment contract fixed until  | Employment contract concluded on  |

## Taxes - Information as per income tax card

|                                     |                                   |                       |
|-------------------------------------|-----------------------------------|-----------------------|
| Official Municipality/community key | Tax office number                 | Identification number |
| Tax class/factor                    | Number of exemptions for children | Denomination          |

## Social insurance

|   |   |
|---|---|
| State insurer   | Legislated state insurer evaluation<br>Health insurance   Pension insurance   Retirement insurance   Nursing care insurance |
| State insurer number  | Accident insurance risk tariff  |
| Parenthood <input type="checkbox"/> yes <input type="checkbox"/> no | DEÜV-status   |

# Personnel Questionnaire

(fields with a grey background are to be filled in by the employer)

COMPANY NAME:



## Compensation

|             |        |           |             |            |
|-------------|--------|-----------|-------------|------------|
| Description | Amount | Valid for | Hourly wage | Valid from |
| Description | Amount | Valid for | Hourly wage | Valid from |
| Description | Amount | Valid for | Hourly wage | Valid from |

## Capital-forming benefits (VWL)

|                            |                         |                                 |
|----------------------------|-------------------------|---------------------------------|
| Recipient                  | Amount                  | Employer share (monthly amount) |
|                            | Since                   | Contract number                 |
| Bank account number (IBAN) | Sort code/bank ID (BIC) |                                 |

## Employment documents

|  |                                  |  |                                  |
|--|----------------------------------|--|----------------------------------|
| Employment contract                                | <input type="checkbox"/> At hand | Company retirement provision                                     | <input type="checkbox"/> At hand |
| Income tax card/written confirmation of income tax | <input type="checkbox"/> At hand | Declaration of earning for previous employment                   | <input type="checkbox"/> At hand |
| Social insurance ID                                | <input type="checkbox"/> At hand | For evaluation of insurance exemption regarding health insurance | <input type="checkbox"/> At hand |
| State insurance membership certificate             | <input type="checkbox"/> At hand | Severely disabled ID   | <input type="checkbox"/> At hand |
| Private health insurance certificate               | <input type="checkbox"/> At hand | Pension fund documents construction/painting                     | <input type="checkbox"/> At hand |
| Capital-forming benefits (VWL) contract            | <input type="checkbox"/> At hand |  |                                  |
| Proof of parenthood                                | <input type="checkbox"/> At hand |  |                                  |

## Information of taxable previous employment periods in the current calendar year (these are time periods of employment accounted for on the income tax card)

| Time period from | Time period to | Type of employment | Number of employment days |
|------------------|----------------|--------------------|---------------------------|
|                  |                |                    |                           |
|                  |                |                    |                           |
|                  |                |                    |                           |

# Personnel Questionnaire

(fields with a grey background are to be filled in by the employer)

COMPANY NAME:



---

**Declaration by the employee:**

I affirm that the above information is correct. I undertake to inform my employer without delay of any changes, in particular with regard to further employment (in respect of type, duration and remuneration).

---

Date            Employee signature

---

Date            Employer signature

---

Date            For minor signature of legal guardian